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Unlocking the Potential of Quality Improvement Plans (QIPs)

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1

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"All improvement requires making changes, but not all changes result in improvement."

Source: www.ihi.org

Institute for Health Care Improvement

2

Topics - Unlocking the Potential of QIPs

- Key Elements of a Good QIP
- Building a Culture of Quality Through Implementing your QIP and revising based on experience
- Agency Review QIP Section and Top Six Findings Cited
- How to Improve—Tools, Methods and Practices
- Some Examples of OPWDD QI Projects in Progress
- Resources

3

Key Concepts and Definitions

Quality Assurance	Quality Improvement	Continuous Quality Improvement
• Adherence to standards that are set for programs and services • Compliance with required standards	• Systemic and continuous actions that lead to measurable improvements in programs, services or outcomes	• Systemic cyclical approach that involves collecting data, to make improvements to programs, services or outcomes with an emphasis on future results

Quality Improvement Strategy:

- How quality improvement is done in your organization—How you make measurable change happen (e.g., how QI project decisions are made; roles/responsibilities; methods)
- It's not static but an evolving blueprint

4

The "What" and "Why" of Quality Improvement Plans (QIPs)

Detailed and overarching organizational work plan for QI – It is a living document

Includes essential information about how your organization designs, implements, manages and assesses quality

Describes the types of quality improvement methods the organization uses in its improvement work (e.g., root cause analysis)

Focuses the organization on how quality is improved –structures, methods, processes, data/measures, roles and responsibilities, etc.

Communicates and builds awareness for all internal/external stakeholders and helps drive a culture of quality

Helps the organization work smarter not harder

5

A Good QIP Includes the following:

- Purpose, goals and objectives and Annual priorities
- Actions taken the previous year and results
- Organizational systems engaged (e.g. QI committees, key staff roles/responsibilities)
- Processes to address regulatory deficiencies
- Processes to address quality improvement target areas
- Quality improvement methods being used (e.g., root cause analysis, Plan-Do-Study-Act cycle, Lean, etc.)
- Self-assessment, aggregation of data, and analysis of annual progress (e.g., stakeholder satisfaction)
- Core performance measures and quality benchmarks
- Is Informed by qualitative and quantitative data

6

A Good QIP Includes the Following (continued):

- Annual review and approval by the Board of Directors
- Input from people supported, staff, other stakeholders and interested parties
- Consideration/Integration of OPWDD's Agency Quality Performance Standards and OPWDD Strategic Plan goals and priorities and measuring progress
- Reporting of progress on priority areas and QI projects featuring data driven approaches
- Top down and bottom-up approaches

A Good QIP Plan Helps You Work Smarter, Not Harder.

See OPWDD QI Toolkit: "QI Plan Template"
https://opwdd.ny.gov/system/files/documents/2020/01/quality-improvement-plan-template.pdf

7

Implementation of a strong QIP will help imbed a quality mindset into your organization's culture.

Resources:
https://opwdd.ny.gov/system/files/documents/2020/01/qi-toolkit-qi-plan-and-quality-culture.pdf

8

Quality Culture - Leadership

- Is there a process to hold employees accountable for QI?
- Are adequate resources dedicated to building a quality culture?
- Do leaders have a clear vision of what a quality culture means for the organization currently and in the future?
- Do leaders engage in data driven decision-making?
- Has leadership adopted organizational policies and plans that support a culture of quality?

9

Quality Culture - Employee Empowerment

- How do employees account for time dedicated to QI?
- Is QI incorporated into employment position descriptions?
- Is QI incorporated into the employee performance appraisal process?
- Do employees have the ability to make and/or have input into process improvements?
- Is there a process for employees to formally recommend and/or initiate QI projects?

10

Person-Centered Planning and Outcomes

- Is there a mechanism to assess satisfaction and whether valued outcomes are being achieved among people receiving services?
- Is data from the person-centered planning process used for process improvements?
- Are the needs of people receiving services appropriately considered during decision-making?

Quality Culture - Team Building and Collaboration

- Is there a mechanism for effective communication and information sharing across and within teams?
- Is there a process to monitor team performance?

Quality Culture - QI Infrastructure

- Are specific staff assigned for monitoring QI initiatives?
- How is progress being measured?
- Are QI strategies and initiatives aligned across the organization?
- How is data being collected and analyzed to determine performance and identify trends?

Quality Culture - Continuous Quality Improvement

- Do staff question on an ongoing basis, how processes can be improved and identify those areas for improvement?
- Once a QI project is adopted and implemented, is there a process to evaluate whether it was successful?
- If a project does not yield expected results, is there further examination into the cause and steps taken to address?
- Are QI principals incorporated into daily activities for identifying issues, addressing the concerns and evaluating progress?

OPWDD Agency Review Protocol

Quality Improvement Plans (QIPs) Topic 13 in Agency Review Protocol Manual

https://opwdd.ny.gov/system/files/documents/2019/11/agency_protocol_manual_provider_copy_2-2019.pdf

15

Survey Process for the QIP

- QIPs are reviewed as a part of the Agency Review; however, at any point during the survey cycle survey staff may ask to see your QIP.
- Survey staff will review the plan and interview relevant personnel to determine how the QIP plays a role in the agency's operations.
- Interviews would include not just Board Members and agency Executive Leadership but also those in mid-level management and people receiving services.
- For any standard marked not met in the Quality Improvement section, a plan of corrective action will not be required but the Agency should address the deficiencies identified.

16

17

Agency Reviews QIP Deficiencies

10/1/2018-4/5/2024	Total Agencies	Percent
Had an Agency Review that Included QIP Section	217	100%
Had a least 1 QIP deficiency	58	27%

Out of the 58 agencies with QIP Deficiencies

- 287 Total deficiencies (includes agencies with more than 1 protocol administered)
- Average number of deficiencies per Agency * = 8
- Range = Between 1-10 deficiencies*

*Average and range calculated for agencies that had 1 Agency Review/1 protocol administered

17

18

Agency Reviews—QIPs Section 1, Components

1. **The Agency has a QIP/Strategy?**

Includes measurement aggregation, analysis of factors related to outcomes and quality of life of people supported

The agency reviews the outcome measurements to analyze what the results mean and inform the next steps in development/ revision of the QI plan

2. **QIP addresses Person-centered Planning and service delivery?**

Includes attention to: assessment /measure of agency effectiveness to plan and deliver person-centered services

Improvement goals and strategies

Agency measures may be self-determined but may include use of the DQI survey results, agency self-assessment activities, information from incident trending and analysis, input from people with disabilities, etc.

18

19

Agency Reviews—QIPs Section 1, Components, Continued

3. **The written QIP addresses assurance of peoples' health, safety, rights and freedom from abuse/neglect and exploitation.**

- Measure outcomes related to health, protections, and well-being
- Improvement goals and strategies

4. The QIP includes goals, objectives, and processes to address compliance with OPWDD, state and federal requirements.

- Includes strategies to measure compliance/factors influencing compliance
- Improvement goals/strategies

19

20

Agency Reviews—QIPs Section 1, Components, continued

5. The QIP addresses areas important to stakeholders based on their solicited input?

- Mechanism to proactively solicit input from staff, people served, and families
- Review of input areas for improvements and goals/strategies

6. The QIP addresses findings from satisfaction surveys?

- If agency implements a satisfaction survey, it uses the findings in QI planning
- Reviews, aggregates and analyzes information from satisfaction surveys to inform QI Plan goals and strategies
- **4th most cited deficiency**
  32 out of 287

20

21

QIPs Section 2— QIP Communication

2.1 **The quality improvement plan is reviewed and approved by the board of directors on at least an annual basis?**

Processes to present the QIP to Board for review and approval and documentation of Board's review, discussion and approval in mtg. minutes

3rd most cited deficiency

36 deficiencies out of 287—12%

2.2 **There is a mechanism for making the quality improvement plan known to persons supported, staff, agency stakeholders and other interested parties.**

Strategy to communicate QIP to stakeholders and evidence (Staff, people served, families, Board, etc.)

#1 most cited deficiency

47 deficiencies out of 287 total– 16%

21

22

QIPs Section 3—QIP Actions

3.1 **The agency's QIP identifies quality improvement actions to be taken during the year.**

Target areas and actions and measures on impact of actions

5th most cited deficiency

(26 out of 287)

3.2 **The agency's QI activities include an annual progress summary that identifies the QI actions taken and the results/effectiveness.**

Progress summary reflecting impacts/lessons learned and actions targeted for next year

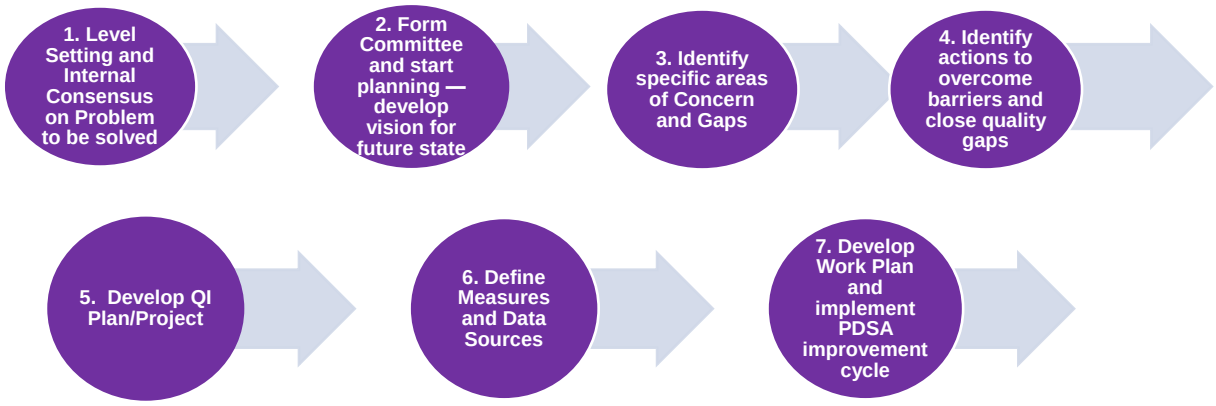
2nd most cited deficiency (37 out of 287, 13%)

22

How to Improve? Methods, Tools and Practical Approaches for Implementing Quality Improvement

23

How to Improve? Develop an Improvement Road Map that Works for Your Agency and Describe in your QIP



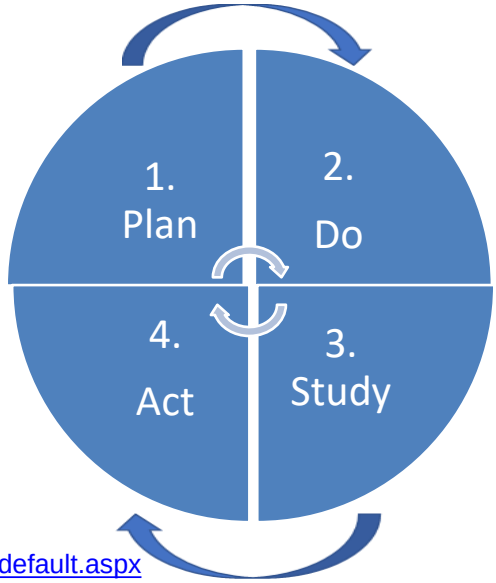
Adapted from CMS Workbook on Improving the Quality of HCBS Supports:
http://www.advancingstates.org/sites/nasuad/files/hcbs_files/28/1391/7_Workbook.pdf

24

25

How to Improve? Use an Improvement Framework

Setting Aims	• What are we trying to accomplish?
Measures	• How will we know a change is an improvement?
Change Actions	• What change can we make that will result in an improvement?

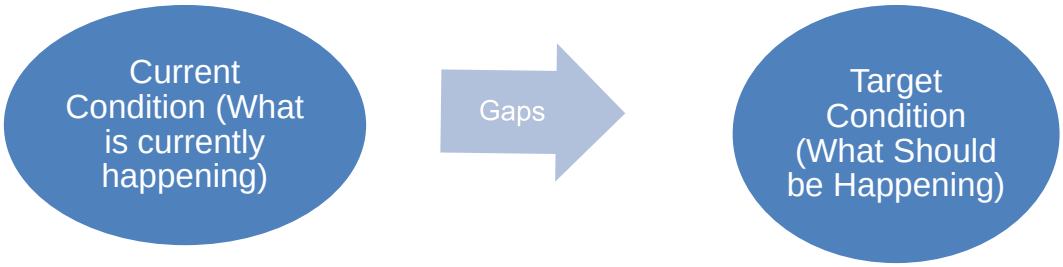


. https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

25

26

Planning for Improvement: Identify Performance Gaps (i.e., Conduct Gap Analysis)



Identify Gaps using various QI tools, analysis of data and benchmarks, surveys, flow charts, and other approaches.

Current State
(define/measure where we stand)

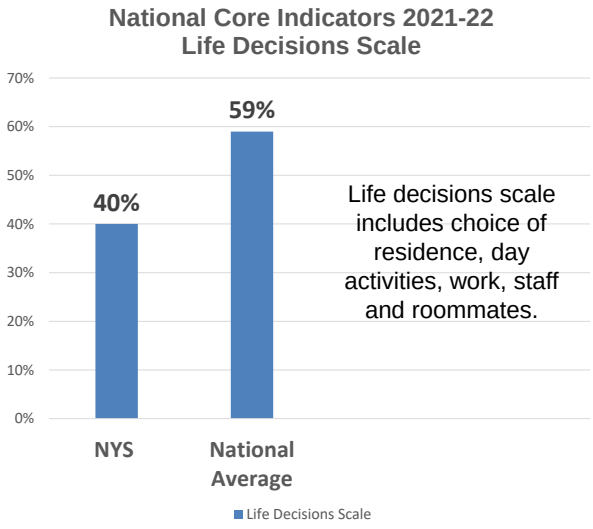
Future State
(Goals/vision-where do we want to be?) . What does Quality look like?
Quality Measures and Benchmarks

26

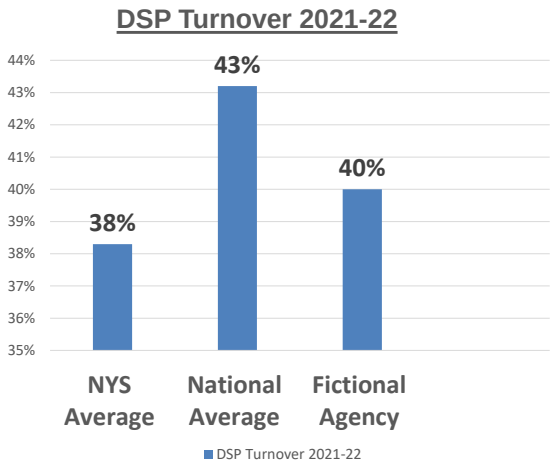
Data is essential for QI: Use Benchmarks and Baselines to identify Potential Performance Gaps and plan Improvement Goals

"Benchmark" is a standard or point of reference against which things can be compared to others.

"Baseline" is a starting point for comparison within own performance.



Some Sources for Benchmarks



- OPWDD data on website
- NCI: State of the Workforce Survey; NCI Individual Survey
- Residential Information Systems Project (RISP)
- CQL Personal Outcome Measures Benchmarks: https://www.c-q-l.org/wp-content/uploads/2023/01/Personal-Outcome-Measures-Benchmarks-2022.pdf
- OPWDD DQI Data Work Group is developing reporting capacity for providers in IRMA and DQIA.

Source: OPWDD website: https://opwdd.ny.gov/data/state-workforce-survey

29

Planning for Improvement: Define Clear Problem Statements to Set the Stage for Brainstorming Root Causes

A *good* problem statement has these features:

- It describes the difference between the actual conditions and the desired conditions.
- It does not offer commentary on a proposed solution.
- It does not attempt to diagnose the problem, nor assign blame.
- It is objective and factual.

A *great* problem statement goes further:

- It ties to agency goals.
- It is measureable, not qualitative.

- **Who:** Who are the stakeholders that are affected by the problem?
- **What:** What is the current state, desired state, or unmet need?
- **When**: When is the issue occurring or what is the timeframe involved?
- **Where:** Where is the problem occurring? For example, is it in a specific department, location, or region?
- **Why:** Why is this important or worth solving? How is the problem impacting people served, employees, other stakeholders, or the organization? What is the magnitude of the problem? How large is the gap between the current and desired state?

Adapted from: https://www.betterup.com/blog/problem-statement#:~:text=A%20problem%20statement%20is%20a,awareness%20and%20stimulate%20creative%20thinking .

29

30

Use SMART Goals to Focus Agency Attention and Resources on What You Want to Improve

S	**Specific**	**Who and What**. E.g., What will be accomplished? What actions will you take?
M	**Measurable**	What data will measure the goal? (How much? How well?)
A	**Achievable**	Is the goal doable? Do you have the necessary skills and resources?
R	**Relevant**	How does the goal align with broader goals? **Why** is the result important?
T	**Time-bound**	What is the time frame for accomplishing the goal?

Some Common Types of Goals:

- Increase something: e.g., "Increase average aggregate individual satisfaction with X Program by X Percent by X Date"
- Improve something: e.g., "Improve the timeliness of investigation completion by X percent by X date".
- Reduce something: *e.g. "Reduce DSP turnover from 40% to 30% in X Day Hab during CY 2025*".

Source adapted from: https://www.ucop.edu/local-human-resources/_files/performance-appraisal/How%20to%20write%20SMART%20Goals%20v2.pdf

30

31

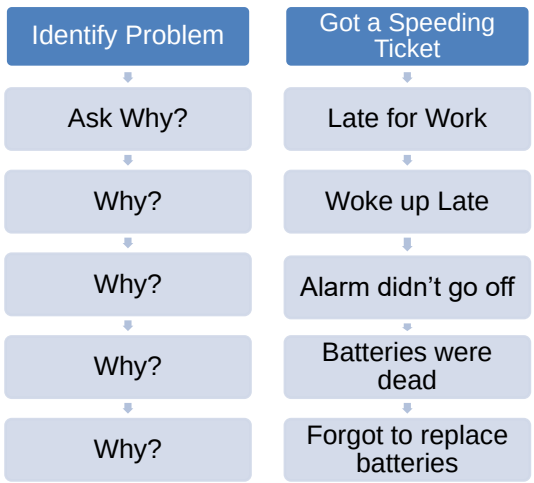
How to Improve? Use QI Tools and Methods for Planning and Executing the PDSA Improvement Framework

- **Lean** (i.e., flow charts of processes and value stream mapping)
- Driver Diagrams
- Brainstorming
- Failure Modes and Effects Analysis (FMEA)
- Run Charts
- Pareto Charts
- Root Cause Analysis and related tools (e.g., **Fishbone diagram**)
- Five Whys Analysis
- Project Management Methods for QI Projects
- Many others
- **Use combinations of different methods tailored to your focus area.**

31

32

Five Whys



- A detailed questioning process designed to drill down into the details of a problem and peel away the "symptoms"
- May take at least 5 "Whys" to get to a root cause; sometimes more

Adapted from: http://publichealth.lacounty.gov/qiap/docs/Topic3-Fishbone.pdf

32

Fishbone Diagram

What is It?

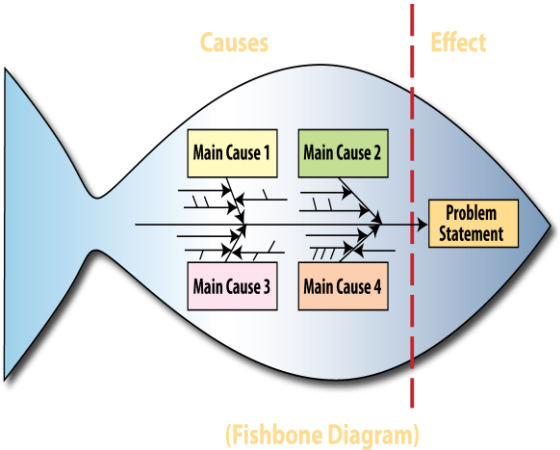
- Also known as Cause-and-Effect Diagram or Ishikawa Diagram
- Visually displays multiple causes for a problem
- Helps identify stakeholder ideas about the causes of problems
- Allows the user to immediately categorize ideas into themes for analysis or further data gathering
- Can use the “five-whys” technique in conjunction with the fishbone diagram

When to Use It?

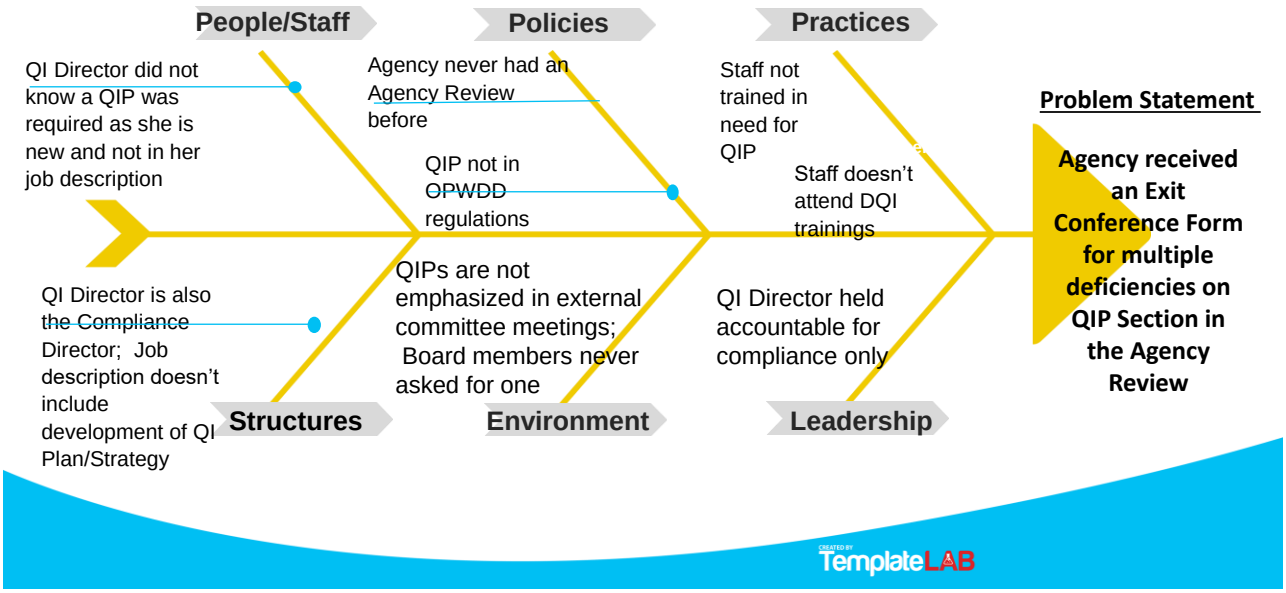
- When identifying possible causes for a problem
- When having difficulty understanding contributing factors or causes of a system failure
- Most helpful as a team process

Brainstorm Root Causes Using Fishbone Diagrams

1. Establish process facilitator and team members
2. Define and agree on the problem and write at mouth of fish
3. Agree on the major categories of problem causes written as branches from the main arrow; e.g., people/staff, policies, procedures, environment, etc.
4. Brainstorm possible causes and write on the related main category branches
5. Ask Why does this happen?” about each cause. Write sub-causes branching off the cause branches.
6. Again Ask “Why?” and generate deeper levels of causes and continue organizing them under related causes or categories.
7. Interpret results from diagram and identify where immediate action can be taken



FISHBONE DIAGRAM



35

36

Quality Improvement Projects - The Engine for Improvement

1. Identify an Area Needing Improvement		
Use Improvement Roadmap	Problem Statements	Data, Benchmarks, Audits, Stakeholder Feedback/Surveys, etc. to Identify

2. Use QI Tools to Explore Issue and Understand the Root Causes		
Five Whys	Brainstorming	Fishbone-Cause and Effect

3. Use SMART Goals/Objectives to Define Project Aim	
Defining what we want to accomplish	How we will know a change is an improvement?

36

Quality Improvement Projects—The Engine for Improvement

4. Plan the QI Intervention	
Can be the start of the PDSA Cycle	Consider small scale test cycle using PDSA

↓

5. Develop and Implement a QI Action Plan (i.e., Work Plan)	
Include how you will use data to review progress	Planning and Doing Phase of PDSA Cycle

↓

6. Study and Action	
Study the data and what it is telling you about how your project is going; collect lessons learned	Use information to further improve the issue area and conduct continuous quality improvement

37

Quality Improvement Projects—The Engine for Improvement

Quality Improvement Project Work Plan Example

(Note: This is only one objective)

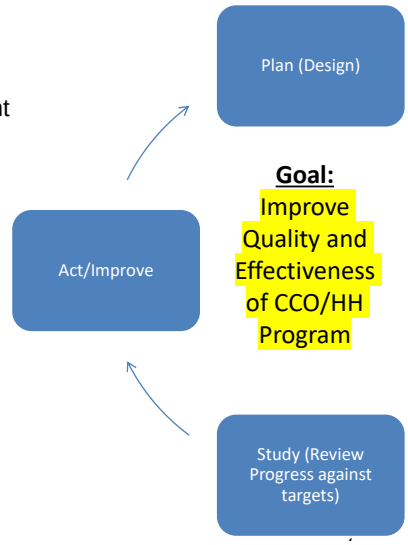
QI Goal: Empower employees to develop a QI mindset through knowledge of how to recommend/make quality and process improvements

Tactic	Staff	Timeline	Documentation	Process Metrics	Outcome Metrics
SMART Objective 1.1A: *(At least 75% of all staff that have been employed at [agency] for at least 6 months have attended a QI orientation training).*				*# of orientations offered over a 6-month period*	*% of staff employed for at least 6 months that accurately describe a QI process*
Develop QI PowerPoint	*QI Coordinator*	*February*	*PowerPoint Slides*		
Schedule Orientation sessions	*QI Coordinator*	*March*	*Calendar Invites*	*# of staff accepted invites*	
Deliver orientations	*QI Coordinator*	*(April-October)*	*Sign-in Sheet*	*# of staff attending*	
Administer orientation post-test	*Evaluation Specialist*	*December*	*Post-test Results*	*Response rates*	

38

Example In Progress - Implementing System Level QI for the CCO/HH Program

Act/Improve: Implement Improvement Projects for identified challenges and measure progress towards moving the quality needle



Plan/Design for Identifying Quality Challenges and Gaps (e.g., Case Studies, Program Evaluation, Baseline Measure Establishment) (2021-2023)

Do: Implementation of Case Studies/Program Evaluation (2023-2024)

Study: Aggregate data and findings; Identify quality gap areas/challenges; identify potential interventions/QI projects for improvements; establish improvement targets, etc.

39

40

Another Example of an OPWDD System Level Quality Improvement Plan and QI Project(s)

Smart Goal: Improve statewide compliance with the 30-day timely completion of critical incident investigations from a statewide average compliance rate of 76% to greater than an 86% statewide average compliance rate

40

PLAN PHASE- Development of QI Plan

- Target Area of the Plan
- Plan start and end date
- Responsible parties: e.g. Sponsor, Lead, Project Manager
- Goal
- Current level of performance and how it is being measured
- Root causes
- Work plan
  - Action step, Lead Person, Timelines, Evidence of Implementation, Resources/Materials Needed to Implement

We utilized the Plan-Do-Study-Act Cycle

Plan:
- Identified the goal for this project (SMART goal) and determined how success would be measured.
- Root cause analysis
- Identified Quality Improvement Actions

Do:
- Implemented Quality Improvement Actions

Study:
- Monitored for signs of progress through data collection

Act:
- Integrated what was learned and adopted permanent changes

PLAN PHASE- Elements of Workplan

Focus Area #1:	• Determine root causes for provider agencies' compliance below 86% threshold
Focus Area #2:	• Increase communication, training, understanding and transparency on the importance of timely investigations and this performance measure
Focus Area #3:	• Incident Report and Management Application (IRMA) Enhancements
Focus Area #4:	• Accountability and Enforcement when providers fall under the 86% threshold

43

DO PHASE- Action Steps for Focus Area #2: Increase Communication and Training

- Conduct statewide training that provides clarification on regulations and performance expectations and mandate training for providers under 86%
- Develop post-training survey to get feedback on the training, areas that still need clarification and strategies for resolution
- Develop and disseminate Frequently Asked Questions to provide further written clarification
- Incorporate training material into routine trainings

44

DO PHASE- Action Steps for Focus Area #1: Root Causes

- Generate a report of provider compliance with the performance measure= 86% compliance threshold
- Communicate with providers about focus on this performance measure and share each provider's compliance rate with them
- Discuss QIP with stakeholder groups to identify root causes and action steps

DO PHASE- Action Steps for Focus Area #2: Increase Communication and Training

- Update Part 624 Handbook with interpretive guidance
- Hold office hours for technical support
- Identify and meet with high performing providers to discuss factors that drive high performance
- Hold a Best Practice Panel Discussion with high-performing providers

DO PHASE- Action Steps for Focus Area #3: IRMA Enhancements

- IRMA enhancements to promote compliance
- Create a canned report in IRMA for providers to pull their own data on compliance

DO PHASE- Action Steps for Focus Area #4: Accountability and Enforcement

- Providers that are noncompliant in this area require follow-up to ensure correction. One way that this is achieved is through accountability and enforcement mechanisms.
- DQI will generate a report in the Spring and providers that fall below 86% threshold will receive a Statement of Deficiency (SOD) and will have to provide a Plan of Corrective Action (POCA).
- Monitor IRMA for statewide compliance on an annual basis.

STUDY PHASE- How are we measuring whether our actions are effective?

Performance Measure (PM) for Timeliness of Investigations:

Numerator: Number of critical incident investigations that were completed within the appropriate timeframes

Denominator: Total number of critical incident investigations

(The PM is based on data calculated from closed incidents in OPWDD's Incident Reporting Management Application (IRMA), excluding Justice Center led investigations)

Data pulls at quarterly intervals to assess whether providers that are below the 86% threshold are making improvements

49

STUDY PHASE - What have we learned so far that we didn't know from using QI methods?

- Clearer guidance is needed on when the investigation is considered complete, acceptable reasons for delay and entry of subsequent information in IRMA.
- Provider IRMA entry of justifications for why timelines are not being met were not being used appropriately.
- Modifications to IRMA system and reporting process are needed to allow for a more comprehensive analysis.
- Updates to survey protocols are needed to ensure alignment with the Waiver Measures.

50

51

ACT PHASE - Integrating the lessons learned

- Permanently adopting changes and QI actions that resulted in improvement
  - IRMA Changes
  - Updates to Survey Protocols
  - Memorialized written guidance
  - Addition of interpretive guidance to routine trainings
- Identify additional future QIP projects based on the data and information reviewed in the analysis phase

51

52

OPWDD DQI Quality Improvement Planning—What is Next?

Increasing use of data to drive efficiencies, decision-making and Quality Improvement – i.e., DQI Data Work Group and other efforts	Increasing focus on measuring and assessing person-centered outcomes and Quality of Life	Improving the effectiveness and quality of the CCO/HH Program (i.e., CCO Program Evaluation; QI work with CCOs)
Increasing learning, training, technical assistance and sharing of best practices across the system	HCBS Access Rule Implementation/ Required Quality Measure Set	Continuing focus on ensuring health, safety and protections and HCBS Settings requirements

52

53

Resources	Links
QI Roadmap	https://qiroadmap.org/change-management
OPWDD DQI QI Toolkit Resource: QIP Template	https://opwdd.ny.gov/system/files/documents/2020/01/quality-improvement-plan-template.pdf
OPWDD DQI QI Toolkit Resource: Key Elements of a QIP	https://opwdd.ny.gov/system/files/documents/2020/01/key-elements-of-a-good-qip.pdf
OPWDD DQI QI Toolkit: QI Plan and Quality Culture	https://opwdd.ny.gov/system/files/documents/2020/01/qi-toolkit-qi-plan-and-quality-culture.pdf
OPWDD DQI QI Toolkit Resource: Agency Quality Performance Standards	https://opwdd.ny.gov/system/files/documents/2020/01/aqp_domains_standards.pdf
OPWDD 2023-2027 Strategic Plan	https://opwdd.ny.gov/strategic-planning

53

54

Resources	Links
ASQ Quality Tools	Quality Tools & Templates - List of Healthcare Tools | ASQ
QI Videos and Tools	https://improvepartners.org/toolbox/toolbox-details/qi-videos-tools/
Institute for Healthcare Improvement	How to Improve: https://www.ihi.org/resources/how-to-improve Toolkit for QI Essentials: https://www.ihi.org/resources/tools/quality-improvement-essentials-toolkit
OPWDD Agency Review Protocol	https://opwdd.ny.gov/system/files/documents/2019/11/agency_protocol_manual_provider_copy_2-2019.pdf

54

Questions? Quality@opwdd.ny.gov

55

THANK YOU!!

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56